

1642
JPCV

NOV 26 2004

PTO/SB/21 (09-04)

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	6	Attorney Docket Number	018781-007610US
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Application Number 10/071,838

Filing Date February 8, 2002

First Named Inventor Li, Jing

Art Unit 1642

Examiner Name Susan Ungar

ENCLOSURES (Check all that apply)

 Fee Transmittal Form-in duplicate
 Fee Attached Amendment/Reply-"Response to
Restriction Requirement"
 After Final
 Affidavits/declaration(s) Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement Certified Copy of Priority
Document(s)
 Reply to Missing Parts/ Incomplete
Application
 Reply to Missing Parts
under 37 CFR 1.52 or 1.53 Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a
Provisional Application
 Power of Attorney, Revocation
Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____
 Landscape Table on CD After Allowance Communication to TC
 Appeal Communication to Board
of Appeals and Interferences
 Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please identify
below):
Return PostcardRemarks The Commissioner is authorized to charge any additional fees to Deposit
Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Townsend and Townsend and Crew LLP

Signature

Printed name Jean M. Lockyer, Ph.D.

Date November 22, 2004 Reg. No. 44,879

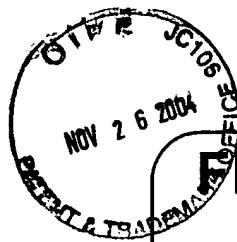
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name Malinda C. Dagit

Date 22 Nov. 2004



FEET TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

110

Complete if Known	
Application Number	10/071,838
Filing Date	February 8, 2002
First Named Inventor	Li, Jing
Examiner Name	Susan Ungar
Art Unit	1642
Attorney Docket No.	018781-007610US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims			
Independent Claims			
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$110)

SUBMITTED BY

Name (Print/Type)	Jean M. Lockyer, Ph.D.	Registration No. (Attorney/Agent)	44,879	Telephone	415-576-0200
Signature				Date	November 22, 2004

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